AACOM
American Association of Colleges of Osteopathic Medicine

September 21, 2026

David Barker, Assistant Secretary
Office of Postsecondary Education
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

Re: Docket ID ED-2025-OPE-1042 - Accreditation, Innovation, and Modernization (AIM) Proposed Rule

Dear Assistant Secretary Barker:

The American Association of Colleges of Osteopathic Medicine (AACOM) appreciates the opportunity to comment on the U.S. Department of Education's proposed Accreditation, Innovation, and Modernization (AIM) regulations. AACOM represents all 48 colleges of osteopathic medicine (COMs) in the United States, which educate more than 40,000 future physicians — nearly 30 percent of all U.S. medical students — across 75 campuses, as well as osteopathic graduate medical education (GME) professionals and trainees nationwide.

AACOM supports many of the principal objectives underlying AIM. Accreditation should protect students and the public; accrediting agencies should be genuinely independent in their decision-making; conflicts of interest should be appropriately managed; unnecessary regulatory burden should be reduced; innovation should be encouraged and accreditation should increasingly emphasize meaningful educational and student outcomes in addition to educational inputs.

AACOM is not asking the Department to retreat from those objectives. Rather, AACOM is recommending improvements to the proposed regulations to enhance medical education and strengthen the American accreditation system. We offer targeted modifications that would allow the Department to advance its vision while protecting students and preserving stability across the highly interconnected medical education continuum.

Medical education illustrates why implementation matters. Accreditation is linked not only to federal program eligibility but also to students' progression through medical school and into graduate medical education (GME). AACOM supports the Department's objective of ensuring that recognized accrediting agencies are genuinely separate and independent from related, associated or affiliated organizations. At the same time, implementation of new structural requirements should provide affected accreditors with sufficient time to establish and document that independence without creating an avoidable interruption in recognition or accreditation functions.

Our recommendations focus on how AIM can accomplish its intended purposes with the least unnecessary disruption, reinforce genuine accreditor independence through a workable transition, distinguish independence from unnecessary operational duplication, preserve accreditor-controlled access to professional expertise and monitor implementation for unintended fragmentation.

Accordingly, AACOM respectfully requests that the Department make the following modifications to the proposed rule, each discussed below:

1. Adopt a phased implementation process for the separate-and-independent and shared-resource requirements in proposed § 602.14 and § 602.15(e)(4).
2. Revise proposed § 602.15(e)(4) to permit appropriately safeguarded shared administrative service arrangements and co-location in the same office facility.
3. (a) Revise proposed § 602.15(e)(2) to preserve informed professional participation in standards development while requiring meaningful safeguards against institution-specific conflicts.
   (b) Clarify proposed § 602.15(e)(5) so that it prohibits improper influence without barring accreditor-initiated consultation on standards and professional peer review.
4. Establish monitoring mechanisms to identify fragmentation, accreditor shopping, and disruption to students in medical education.

1. Reinforce separate and independent accreditation through a student-protective transition.

Recommendation

- AACOM recommends a phased compliance framework for the strengthened separate-and-independent and shared-resource requirements in proposed § 602.14 and § 602.15(e)(4), with full compliance required no earlier than the later of:
  - Initiation of the agency's first recognition review or re-recognition review after the effective date of the final regulations;
  - 30 months following the effective date of the final regulations; or
  - The time proposed in a Department-reviewed transition and continuity plan submitted within 180 days of the final rule's effective date, demonstrating measurable progress toward full separation and independence and reasonable protection of students' access to federal financial assistance, continued enrollment, degree recognition and progression into graduate medical education.

AACOM supports the principle that underlies proposed § 602.14: An accrediting agency should be genuinely separate and independent from any related, associated, or affiliated trade association or professional organization. Independence should be clear in governance, decision-making, budgetary authority, conflicts of interest and accreditation policy. Proposed § 602.15(e)(4) separately addresses shared resources. Together, these provisions may require affected accreditors to make significant structural and operational changes on a compressed timeline. A transition period should not dilute the requirement for independence; it should provide a disciplined path for achieving and demonstrating it.

AACOM's members are accredited by the Commission on Osteopathic College Accreditation (COCA), which currently relies on a waiver of the "separate and independent" requirement that the proposed revisions to § 602.14 seek to eliminate. As drafted, § 602.14 contains no specific implementation timeline and appears to require affected Title IV gatekeeper accreditors to satisfy the revised separate-and-independent requirements as of July 1, 2027. Proposed § 602.15(e)(4) separately restricts shared resources, with additional time provided only for the office-space requirement. AACOM's concern is not with the objective of separation and independence, but with ensuring that affected accreditors have a clear and orderly path to full compliance.

That distinction is important. The purpose of a transition period is not to preserve arrangements that compromise independence. It is to allow an accreditor to establish the governance, financial, personnel, technology, facilities, contractual and other safeguards necessary to operate as a demonstrably separate and independent organization while maintaining continuity of its accreditation functions. The Department can reinforce independence by requiring measurable transition milestones and evidence of continuing progress toward compliance.

For medical education, continuity matters because a disruption in an accreditor's recognition that impacts the accreditation status of the institutions it accredits could have consequences beyond accreditor administration. The Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirement 3.2.a identifies graduation from a Liaison Committee on Medical Education accredited medical school or a COCA-accredited COM as a standard U.S. pathway to appointment in an ACGME-accredited residency, and the National Resident Matching Program Match Participation Agreement incorporates applicable eligibility requirements. Thus, if an institution were to lose its accreditation because of policies created by the accelerated transition timeline, resulting accreditation disruption could affect students' progression into GME.

The timing is especially important because students commonly select and commit to a medical school many months, and sometimes nearly a year, before matriculation. A student could make that commitment while an accreditor is amid significant structural transition over which the student has little practical agency. A carefully managed compliance period would reduce uncertainty for students and institutions while holding the accreditor accountable for achieving full separation and independence.

AACOM recommends that the Department pair the strengthened separate-and-independent requirements with a defined transition mechanism that protects continuity while requiring demonstrable progress. This approach directly advances the Department's independence objective: It makes clear what affected accreditors must achieve, requires them to show how they will achieve it, and reduces the risk that the mechanics of transition themselves create avoidable disruption for students.

Accordingly, AACOM recommends a phased compliance framework for the structural requirements in proposed §§ 602.14 and 602.15(e)(4), with full compliance required no earlier than the latter of: (1) initiation of the agency's first recognition review or re-recognition review after the effective date of the final regulations; (2) 30 months following the effective date of the final regulations or (3) the time proposed in a Department-reviewed transition and continuity plan demonstrating progress toward full separation and independence and reasonable protection of students' access to federal financial assistance, continued enrollment, degree recognition and progression into GME.

The Department could require each affected accreditor seeking to rely on a transition plan to submit the plan within 180 days of the final rule's effective date, establish measurable milestones for governance, financial, operational and shared-resource separation, and demonstrate continuing progress toward compliance. This approach would not weaken or postpone the principle of separate and independent accreditation. It would make the transition itself accountable and provide the Department with a mechanism to verify that independence is being achieved in an orderly and sustainable manner.

2. Strengthen independence by focusing on control (602.15(e)(4)).

Recommendations

- AACOM recommends that § 602.15(e)(4) be clarified so that accreditor independence is evaluated according to who controls accreditation policy, resources, and decisions - not solely according to whether an accreditor purchases limited administrative services from a related or formerly affiliated organization.
- AACOM recommends that § 602.15(e)(4) permit accrediting agencies to obtain low-risk, transactional services—such as payroll, benefits administration, limited accounting support or segregated information technology services—when enforceable safeguards preserve the accreditor's independence. The rule should also clarify that two independent entities may separately contract with the same third-party vendor without that arrangement, by itself, constituting prohibited shared resources.

AACOM strongly supports the Department's objective of confirming that an accrediting agency— not a related professional or membership organization— controls its own governance, legal counsel, finances and budget, personnel, standards, policies, data, conflicts of interest and accreditation decisions.

However, the proposed new requirements in § 602.15(e)(4) would go too far by prohibiting shared resources that do not plausibly create a conflict of interest or undermine independence and that may help realize economies of scale and control costs. We are concerned that an across-the-board ban on "shared resources" could increase the cost of medical education without an appreciable benefit to quality assurance or students. This would be in tension with the proposed rule's stated goal to "reduce administrative costs that are negatively impacting college affordability."[1] The proposal also raises a statutory-authority concern: Congress defined "separate and independent" in the HEA without including a blanket prohibition on shared resources. See 20 U.S.C. § 1099b(b). Congress also provided that the Department may not establish criteria for accrediting agencies or associations that are not required by the statute.[2]

Accordingly, independence should turn on control and influence, not automatically on whether an accreditor purchases routine administrative services from a related, associated or affiliated organization. Proposed § 602.15(e)(4) should be modified or clarified to permit an independent accreditor to purchase low-risk, transactional services, including from an organization with which it previously had a relationship, provided that the accreditor retains complete control and the arrangement is operationally firewalled. The rule should also distinguish that circumstance from two independent entities separately contracting with the same third-party vendor; use of a common outside vendor should not, standing alone, be treated as a shared-resource relationship between the entities.

Appropriate transactional services might include payroll, benefits administration, limited accounting functions and/or segregated technology support. Functions involving governance, fiduciary advice, confidential accreditation judgment, independent legal counsel or access to institution-specific accreditation information should remain separate. At a minimum, the accreditor should independently select and terminate the vendor; control its own budget and

[1] 91 Fed. Reg. 53,940, 53,940 (Aug. 20, 2026) (NPRM).
[2] See 20 U.S.C. § 1099b(g).

purchasing decisions; maintain separate personnel and reporting structures; protect confidential records and information systems; prevent provider access to deliberative or institution-specific materials and disclose shared-service relationships for Departmental review or audit.

This approach would preserve the Department's substantive objective— true accreditor independence— while avoiding the cost and transition risk of recreating administrative functions that do not determine accreditation judgment or policy.

3. Preserve independent accreditation informed by professional expertise (§ 602.15(e)(2) and (5)).

Recommendations

- AACOM recommends that § 602.15(e)(2) preserve informed professional participation in standards development while requiring meaningful safeguards against institution-specific conflicts, including appropriate recusal.
- AACOM recommends that § 602.15(e)(5) be clarified to permit accreditor-initiated consultation with professional, educational, scientific and public representatives, including related, associated or affiliated trade or professional associations, provided that the accreditor controls the consultation process and retains final authority over standards and decisions. The regulation should make clear that an accreditor may seek external expertise when developing or revising standards, evaluating emerging practices or assessing the effects of accreditation policy.

AACOM agrees that professional organizations should not control accreditation standards or individual accreditation decisions. At the same time, independence should not require isolation from the professional and educational communities an accreditor serves. A strength of the American accreditation system is its ability to leverage self-regulation and expertise within a voluntary quality-assurance system. Legitimate conflict-of-interest concerns can be addressed through targeted safeguards.

Programmatic accreditation necessarily depends on current knowledge of educational practice, physician competency, patient care, emerging science, workforce needs and the medical education continuum. AACOM is concerned that proposed § 602.15(e)(2) and § 602.15(e)(5), if applied too broadly, could cut off important sources of professional knowledge and undermine accreditation's core quality-assurance function.

Proposed § 602.15(e)(2) would require that members of a standards-setting body not vote on standards or policies that affect an institution or program of which the member is an officer, director, or employee. Osteopathic medicine is a distinct profession requiring specialized education grounded in osteopathic principles. COM deans, faculty members and staff possess current knowledge of curricular development, clinical education, assessment, student readiness for residency and practice. AACOM recommends that the final rule preserve informed professional participation in standards development while requiring meaningful safeguards against institution-specific conflicts, including recusal when a matter uniquely or disproportionately affects the member's own institution or program.

Similarly, § 602.15(e)(5)'s proposed prohibition on sharing or soliciting feedback regarding an agency's policies from any "related, associated, or affiliated trade association or professional association" could, if interpreted too broadly, prohibit useful feedback along with inappropriate

influence. An independent accreditor should remain free to solicit expertise and feedback when it determines the purpose of the engagement, selects the participants, controls the questions and independently determines how the information will be used. At a minimum, related, associated or affiliated trade associations and professional associations should be permitted to participate in open, public processes for feedback on accreditation policies and standards.

The final rule should incorporate procedural safeguards rather than broadly prohibit standards-setting participation by individuals affiliated with accredited institutions or programs. The rule should also distinguish improper external influence from accreditor-initiated consultation and professional peer review. Transparency, appropriate recusals, information firewalls for institution-specific matters and documentation of accreditor-controlled consultation can preserve independence while maintaining the informed judgment on which high-quality programmatic accreditation depends.

4. Measure whether AIM is achieving its intended outcomes.

Recommendation

- AACOM recommends that the Department establish a transparent monitoring and feedback framework to determine whether AIM increases competition, innovation and choice while maintaining educational quality and protecting students. The framework should establish baseline measures before implementation and conduct regular reviews— at least annually during the first five years— of the rule's effects.

AACOM recognizes the Department's interest in greater competition, innovation and choice among accreditors. As these reforms are implemented, we recommend that the Department establish a transparent feedback mechanism to determine whether those changes are producing the intended benefits in professional education.

Such monitoring could include accreditor performance, student outcomes, accreditation transfers, recognition changes, institutional disruptions, changes in student eligibility or progression and evidence of accreditor shopping or materially inconsistent quality expectations. Increased choice should strengthen quality assurance, not create incentives to select an accreditor principally because it is less costly or less rigorous.

This is particularly important given the Department's concern about declining public confidence in higher education. Trust will be strengthened if the public sees a system capable of both reform and identifying and correcting unintended consequences. Conversely, instability, inconsistent expectations or opaque fragmentation attributable to implementation could undermine confidence in reforms intended to restore it. A carefully managed transition and transparent evaluation process are, therefore, not contrary to modernization; they are part of successful modernization.

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In summary, AACOM supports the Department's effort to modernize accreditation. We support stronger attention to outcomes, genuine accreditor independence, appropriate conflict-of-interest protections, innovation, competition and reduction of unnecessary burden.

Our recommendations do not ask the Department to choose between reform and stability. We believe it can achieve both. A student-protective transition, independence based on genuine

control, appropriate access to professional expertise and ongoing evaluation of implementation would allow the Department to advance the central purposes of AIM while minimizing avoidable disruption to medical education.

Successful reform should leave accreditation more independent, more accountable, more responsive and more trusted— without asking students to bear the risks of getting from the current system to the next one.

AACOM welcomes the opportunity to assist the Department in achieving that outcome. If you have questions or require further information, please contact David Bergman, JD, Senior Vice President of Government Relations and Health Affairs, at dbergman@aacom.org, or (301) 968-4174. Thank you for considering AACOM's comments.

Sincerely,

Robert A. Cain, DO
President and CEO
American Association of Colleges of Osteopathic Medicine